

**REVERSE P4G – EXHIBIT E**  
**SUBCONSULTANT IS MENTORING**  
**PARTNERING FOR GROWTH PROGRAM FOR**  
**DISADVANTAGED BUSINESS ENTERPRISES (DBE)/OR**  
**VETERAN AND SERVICE-DISABLED VETERAN OWNED SMALL BUSINESSES (VOSB)**

PSB: \_\_\_\_\_ ITEM: \_\_\_\_\_

Select One

DBE: \_\_\_\_\_ VOSB: \_\_\_\_\_

MEMORANDUM OF UNDERSTANDING  
BETWEEN:

THE MENTOR:	FIRM NAME ADDRESS	A N D	THE PROTÉGÉ:	FIRM NAME ADDRESS
_____			_____	

**Note: The Partnering for Growth Program was formerly known as the Partnership-Mentor/Protégé Program.**

**Note: The DBE goal is separate and distinct from the VOSB goal. A single firm may not be utilized to achieve credit toward both DBE and VOSB goals on a single project. Therefore, the protégé participation must match the goal for which the protégé is being utilized.**

**I. PROGRAM PURPOSE**

The Mentor and the Protégé commit to entering into a Partnering for Growth Agreement in accordance with the current guidelines of the Tollway’s Partnering for Growth (formerly known as Partnership Mentor/Protégé) Program. The purpose of the Program is to facilitate the Tollway’s professional service consultants with:

- A. Meeting Disadvantaged Business Enterprise/Minority Business Enterprise/Women Business Enterprise (DBE) and/or Veteran and Service-Disabled Veteran Owned Small participation goals,
- B. Establishing new partnerships with DBE/VOSB firms that have no prior experience providing professional services to the Tollway,
- C. Continuing technical and nontechnical support for DBE/VOSB firms that have limited experience providing professional services to the Tollway, and
- D. Assisting DBE/VOSB firms with building their capacity and becoming and/or remaining self-sufficient, competitive, and profitable business enterprises.

A **DBE** means a business certified by the Illinois Unified Certification Program as a DBE or certified by the City of Chicago or Cook County as an M/WBE or certified by the U.S. Small Business Administration (SBA) as an 8(a) business.

A **VOSB** means a business certified by the State of Illinois Department of Central Management Services (CMS) as a Veteran-owned small business or Service-disabled Veteran-owned small business.

Professional Services shall be defined as Architecture, Landscape Architecture, Professional Engineering and Professional Land Surveying.

**I. CONFORMANCE TO PROGRAM GOALS**

A. Participation in this project by the Protégé.

1. In area(s) being mentored:

• Technical work covered by Mentor’s prequalification category(ies)

%

Scope:
- Work not applicable to prequalification category(ies)

%

Scope:

*Note: Protégé must participate in either one or both areas*

2. In area(s) not being mentored:

• Work the Protégé will self-perform

%

*Note: Protégé participation in this area is optional*

3. Total participation by the Protégé (Sum of 1. and 2.)

%

B. Briefly describe an assessment of the Protégé’s needs *(one-half page maximum)*.

C. Briefly describe specific assistance the Mentor will provide to support the Protégé’s needs *(one-half page maximum)*.

**I. MENTOR EXPERIENCE WITH THE PROGRAM**

A. Has the consultant served as a Mentor on a Tollway project completed within the last five years? If yes, list Contract #(s):

YESNO

Indicate Phase(s) of Work: ☐ MP    ☐ DSE ☐ CM ☐ Other  
Areas of Assistance:

B. Is the consultant currently serving as a Mentor on a Tollway project? If yes, list Contract #(s):

YESNO

Indicate Phase(s) of Work: ☐ MP   ☐ DSE ☐ CM ☐ Other  
Areas of Assistance:

C. Has the consultant mentored the Protégé on another Tollway project within the last five years? If yes, list Contract #(s):

YESNO

Indicate Phase(s) of Work: ☐ MP   ☐ DSE ☐ CM ☐ Other  
Areas of Assistance:

**II. PROTÉGÉ EXPERIENCE WITH THE PROGRAM**

A. Has the DBE/VOSB firm ever been contracted by the Tollway as a consultant? If yes, list date, Contract #, and description of scope for each project(s):

YESNO

DateContract #Description of Scope

B. Has the DBE/VOSB firm participated in a Mentor/Protégé relationship on a Tollway project completed within the last five years? If yes, list the following for each project(s).

YES

NO

<u>Contract #</u>	<u>Protégé Award \$</u>	<u>Mentored by</u>	<u>Area of Assistance</u>
-------------------	-----------------------------	--------------------	---------------------------

C. Is the DBE/VOSB firm currently participating in a Mentor/Protégé relationship on a Tollway project? If yes, list the following for each project(s).

YES

NO

<u>Contract #</u>	<u>Protégé Award \$</u>	<u>Mentored by</u>	<u>Area of Assistance</u>
-------------------	-----------------------------	--------------------	---------------------------

D. Has the DBE/VOSB firm participated in a Mentor/Protégé relationship on an Illinois Department of Transportation project completed within the last five years? If yes, list the following for each project(s).

YES

NO

<u>PSB No/Item</u>	<u>Protégé Award \$</u>	<u>Mentored by</u>	<u>Area of Assistance</u>
------------------------	-----------------------------	--------------------	---------------------------

- E. If the Protégé has been mentored in the same Area of Assistance proposed on this project for a Tollway and/or IDOT project a combined total of more than three times, provide explanation supporting need for additional mentoring.

III. STATEMENT OF COMMITMENT

The purpose of this statement is to confirm a commitment between the Mentor and Protégé, that upon notice of selection from the Illinois Tollway for this PSB Item, a formal Partnering for Growth Agreement for DBEs/VOSBs will be prepared in accordance with the current guidelines of the Tollway’s Partnering for Growth Program.

Should the proposer, after contract negotiation, wish to modify the ‘Plan to Achieve Diversity Goal’, the awarded consultant is requested to submit a detailed explanation of the work category changes that were not known at the time of the SOI submittal.

SIGNATURE (Mentor Representative)

SIGNATURE (Protégé Representative)

(Date)

(Date)

Printed Name:\_\_\_\_\_

Printed Name:\_\_\_\_\_

Email:\_\_\_\_\_

Email: \_\_\_\_\_

Phone:\_\_\_\_\_

Phone:\_\_\_\_\_